

STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee LA WATER COALITION 58975 OBIER STREET PLAQUEMINE, LA 70764 Check If: New Committee _____	2. Date of this Statement <div style="text-align: right;">9/2/2015</div>	Report Number: 49915 Date Filed: 9/2/2015
	3. Estimated Membership <div style="text-align: right;">0</div>	
	4. Amended Statement? <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Position</u> c. <u>Address</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">LAURIE TATE</div> <div style="width: 30%;">Chairperson</div> <div style="width: 40%; text-align: right;">, LA</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">LAURIE TATE</div> <div style="width: 30%;">Treasurer</div> <div style="width: 40%; text-align: right;">58975 OBIER STREET PLAQUEMINE, LA 70764</div> </div>		
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee </div>		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> </div>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report b. Daytime Telephone		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>2nd</u> day of <u>September</u> , <u>2015</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>LAURIE TATE</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>LAURIE TATE</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div>		